

510(k) Summary

MAY 1 4 2013

General Information

Classification

Class 2

Trade name

AtriClip[™] Gillinov-Cosgrove[™] LAA Clip

Common name

Implantable Clip

Classification Name

Clip, Implantable (21 CFR 878.4300, Product Code FZP)

Manufacturer

AtriCure, Inc.

6217 Centre Park Dr. West Chester, OH 45069

P: 513-755-4100 F: 513-755-4108

Contact

Rebecca Walters, RAC

Regulatory Affairs Manager

Date of Submission

April 17, 2013

Intended Use

The AtriClip Gillinov-Cosgrove LAA Clip is indicated for the occlusion of the left atrial appendage, under direct visualization, in conjunction with other open cardiac surgical procedures.

Cleared Device

The device proposed for modification in this submission is the AtriClip LAA Exclusion System with Preloaded Gillinov-Cosgrove Clip cleared via 510(k) K093679 on June 10, 2010 and K122276 on August 29, 2012.

Device Description

The AtriClip Gillinov Cosgrove LAA Clip is a single use, sterile, self-closing, implantable Clip to be deployed with a Reusable Clip Applier. When closed, the Clip applies uniform pressure over the length of the Clip to ensure consistent, reproducible, and secure occlusion of the left atrial appendage (LAA). The Clip is available in the following lengths to accommodate different sizes of LAA: 35 mm, 40 mm, 45 mm, and 50 mm. This Special 510(k) does not include any changes to the Clip.

This Special 510(k) includes modifications to package the Clip individually to be loaded on a Reusable Clip Applier.

Materials

There are no changes to materials of the Clip. All materials in the Clip are suitable for their intended use. Testing was conducted in accordance with ISO 10993-1 to ensure appropriate biocompatibility of all materials.

AtriCure

<u>Testing</u>

The Clip was tested to confirm new packaging of the Clip adequately protects the device during shipment. Complete Design Control testing for the Clip was previously included in the original 510(k) K093679.

Summary of Equivalence

The AtriClip Gillinov-Cosgrove LAA Ctip is equivalent to the previously cleared AtriClip LAA Exclusion System as there is no change to indications for use/intended use, the implant Gillinov-Cosgrove Clip, or the basic design of the Clip and Clip Applier configuration. The modifications do not affect the ability of the Clip to be successfully deployment on the LAA.



Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

May 14, 2013

AtriCure, Inc. Rebecca Walters Regulatory Affairs Manager 6217 Centre Park Drive West Chester, OH 45069

Re: K131107

Trade/Device Name: AtriClip™ Gillinov-Cosgrove™ LAA Clip

Regulation Number: 21 CFR 870.4300 Regulation Name: Clip, Implantable

Regulatory Class: Class II

Product Code: FZP Dated: April 17, 2013 Received: April 19, 2013

Dear Ms. Walters:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21)

CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Matthew Gillillebrenner

Bram D. Zuckerman, M.D.
Director
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known) K131107		
Device Name: AtriClip Gillinov-Cosgrov	e LAA Clip	·
Indications for Use:	*	
		r the occlusion of the heart's left atrial
Prescription Use X (Part 21 CRF 801 Subpart D)	AND/OR	Over-The-Counter Use(21 CRF 807 Subpart C)
(PLEASE DO NOT WRITE BELOW THIS	LINE-CONTINUE	ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Matthew G. Hillebrenner